People Accessing Care Teams – PACT

Fax: 416 249 7708 Phone: 416 246 2390



Referring services are part of Black Creek CHC PACT program located at:

NY Sheridan Mall 2202 Jane St. Unit 5 Toronto, ON, M3M 1A4 Tel: 416-249-8000	1 Yor Toror	ate Mall Bathurst Health Centre 4256 Bathurst St. Suite 306 to, On, M3N 3A1 Toronto, ON M3H 5Y8 46-2388		6
Patient Ir	nformati	on	Referring	Physician
Name, Health Card #, DOB, Version code Address, Phone #, e-mail address			Name, Billing #, Phone #, Fax #, Address	
			Signature	Date:
Services requested (I	Please c	heck all that apply))	
☐ Chiropody/Assessment & Screening		☐ Physiotherapy _ (Non MVA) _ (Non WSIB) Clients with private health benefits (third party insurance) are NOT eligible.		☐ Community support & Social Services
☐ Registered dietitian		☐ Registered kinesiologist - (Exercise)		☐ Harm reduction
☐ Retinal screening (Tele-ophthalmology)		☐ Social worker/Therapist		☐ Sexual health clinic
☐ Certified lactation consultant		☐ Midwife		☐ System navigator
☐ Diabetes education & management CDE Nurse, CDE Dietitian, Chiropodist, Social Worker, Retinal screening (Internal referrals to outlined services as needed)		☐ Lung Health Services: Check all that apply _ COPD Education — Inhaler training and self- management _ Asthma Education — Inhaler training and self- management _ Spirometry — basic pre-and post-bronchodilator _ Smoking Cessation Program-counseling and NRT		
	-	sions with the assigned int	_	our client will be discharged after the
Medication list				
Other clinical inform	ation/ M	lost recent bloodwo	ork/ Diagnostic	